

ACORD. CERTIFICATE OF LIABILITY INSURANCE

OP ID MA DATE (MM/DD/YYYY)
WESTE03 03/23/05

PRODUCER

Farnsworth Webb & Greer Ins.
301 W Warner Rd #113
Tempe AZ 85284
Phone: 480-820-4040 Fax: 480-730-1191

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION
ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE
HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR
ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED

Western Technologies, Inc.
Attn: Pam Campbell
3737 East Broadway Road
Phoenix AZ 85040

INSURERS AFFORDING COVERAGE

NAC #

INSURER A Safeco Insurance Co

24740

INSURER B Commerce/Industry Ins Co

32220

INSURER C:

INSURER D:

INSURER E:

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED NOTWITHSTANDING
ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR
MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH
POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

INSR POLY LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	01CE915483	02/28/05	02/28/06	EAC-1 OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any cre persc) PERSONAL & ADV INLPRV GENERAL AGGREGATE PRODUCTS - COMPROP AGG
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				\$1,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				\$200,000
	Property Damage \$1,000.Deduct.				\$10,000
A	AUTOMOBILE LIABILITY	01CE915496	02/28/05	02/28/06	COVERED SINGLE LIMIT (Ea accident) BODILY INLPRV (Per person) BODILY INLPRV (Per accident) PROPERTY DAMAGE (Per accident)
	<input checked="" type="checkbox"/> ANY AUTO				\$1,000,000
	<input type="checkbox"/> ALL OWNED AUTOS				
	<input type="checkbox"/> SCHEDULED AUTOS				
A	<input checked="" type="checkbox"/> HIRED AUTOS				
	<input checked="" type="checkbox"/> NON-OWNED AUTOS				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
A	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY: AGG
	<input type="checkbox"/> ANY AUTO				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
A	EXCESS/UMBRELLA LIABILITY	01XS134873	02/28/05	02/28/06	EAC-1 OCCURRENCE AGGREGATE
	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				\$5,000,000
	<input type="checkbox"/> DEDUCTIBLE				\$
	<input checked="" type="checkbox"/> RETENTION \$0				\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WC3287392	01/01/05	01/01/06	WC STATE TERR LIMITS CTH- E - EACH ACCIDENT
	ANY PROPERTY OR PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				\$1,000,000
	If yes, describe under SPECIAL PROVISIONS below				E - DISEASE - EA EMPLOYEE \$1,000,000
	OTHER				E - DISEASE - POLICY LIMIT \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
FOR INFORMATION PURPOSES ONLY

CERTIFICATE HOLDER

PROOF-1

Western Technologies Inc.
3737 East Broadway Road
Phoenix AZ 85040

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION
DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN
NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL
IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR
REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Pam Campbell

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID JK WESTE03 DATE (MM/DD/YYYY) 01/13/05

PRODUCER

Farnsworth Webb & Greer Ins.
301 W Warner Rd #113
Tempe AZ 85284

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INSURED

Western Technologies, Inc.
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INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: Lexington Insurance Co.

INSURER B:

INSURER C:

INSURER D:

INSURER E:

COVERAGES

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INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
<input type="checkbox"/> GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS				EACH OCCURRENCE \$
					DAMAGE TO RENTED PREMISES (Ea occurrence) \$
					MED EXP (Any one person) \$
					PERSONAL & ADV INJURY \$
<input type="checkbox"/> GARAGE LIABILITY ANY AUTO					GENERAL AGGREGATE \$
					PRODUCTS - COMP/OP AGG \$
					COMBINED SINGLE LIMIT (Ea accident) \$
					BODILY INJURY (Per person) \$
<input type="checkbox"/> EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$					BODILY INJURY (Per accident) \$
					PROPERTY DAMAGE (Per accident) \$
					AUTO ONLY - EA ACCIDENT \$
					OTHER THAN EA ACC AUTO ONLY: AGG \$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below					EACH OCCURRENCE \$
					AGGREGATE \$
					WC STATUS: <input type="checkbox"/> OTHER: <input type="checkbox"/>
					E.L. EACH ACCIDENT \$
OTHER Annual Limit					E.L. DISEASE - EA EMPLOYEE \$
					E.L. DISEASE - POLICY LIMIT \$
					Limit \$2,000,000.
					Aggregate \$2,000,000.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Professional Liab/Contractors Pollution Liab.-Claims Made. Retro date 6/17/79

For information purposes only

CERTIFICATE HOLDER

CANCELLATION

PROOF - 1

SAMPLE

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION
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AUTHORIZED REPRESENTATIVE

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